

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

9-13528-122US

CLAIMS AS FILED - PART I (Column 1)				SMALL ENTITY	OTHER THAN OR SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEES
BASIC FEE (37 CFR 1.16(g))				\$ _____	
TOTAL CLAIMS (37 CFR 1.16(c))	36	minus 20 = * 16		x \$ _____ =	\$ 710
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0		x _____ =	288
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				x _____ =	0
				+ _____ =	
				TOTAL	998
				OR TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II (Column 1)				SMALL ENTITY	OTHER THAN OR SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	x _____ +	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ -	
				TOTAL	
				ADDIT. FEE	

(Column 1)				(Column 2)	(Column 3)	AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	x \$ _____ =							
Independent (37 CFR 1.16(b))	*	Minus	***	x _____ +							
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ -							
				TOTAL							
				ADDIT. FEE							

(Column 1)				(Column 2)	(Column 3)	AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	x \$ _____ =							
Independent (37 CFR 1.16(b))	*	Minus	***	x _____ +							
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ -							
				TOTAL							
				ADDIT. FEE							

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09750217

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	36 minus 20=	16
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY  
TYPE 

RATE	FEES
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

OTHER THAN  
OR SMALL ENTITY

RATE	FEES
BASIC FEE	710.00
X\$18=	288
X80=	
+270=	
TOTAL	998

OTHER THAN  
SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.